

Infusing gerontological nursing content into advanced practice nursing education

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[Kohlenberg, E.](#), [Kennedy-Malone, L.](#), [Crane, P.](#), & [Letvak, S.](#) (2007). Infusing gerontological nursing content into advanced practice education. *Nursing Outlook*, 55, 38-43.
doi:10.1016/j.outlook.2006.09.006

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Abstract:

The inclusion of gerontology content in the nursing curriculum is paramount as our population of older adults grows. As one of 10 recipients of the John A. Hartford Foundation/AACN awards for Enhancing Gerontological and Geriatric Nursing Education for Advanced Practice Nursing Programs, we successfully integrated gerontological/ geriatric content throughout core courses for all concentrations taught at the master's level. The Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care¹ were used as a guide to integrate gerontological nursing content across the core courses. We present examples of content, strategies, and evaluation methods that demonstrate infusion of gerontology in a nursing theory course, research course, and healthcare law and policy course. Twenty-two of the competencies are addressed in these core courses and provide a foundation for further development in the support and specialty courses for the nurse practitioner, clinical nurse specialist, nursing administrator, nurse educator, and nurse anesthetist. We also present helpful Web-based resources for older adult care.

Article:

With the rapidly growing older adult population in the US and the continuing shortage of advanced practice nurses educated to care for older adults, several funded initiatives have been targeted at increasing the number of gerontological nurses.²⁻⁴ However, many baccalaureate-prepared nurses admitted to graduate nursing programs lack adequate preparation in gerontological nursing. In fact, Rosenfeld, Bottrell, Fulmer and Mezey reported < 25% of baccalaureate programs even require a gerontological nursing course.⁵ Because older adults comprise 80% of home care visits, 60% of ambulatory care appointments, and fill 58% of acute hospital beds,^{6,7} it is almost inevitable that advanced practice nurses will encounter older adults in their practice.

For > 15 years, gerontological nursing has been a recognized specialty in both the undergraduate and graduate nursing curriculum at The University of North Carolina at Greensboro School of Nursing (UNCG).^{8,9} Faculty recognized that the impact on care of older adults would be greater if gerontological nursing could be enhanced throughout the graduate program. Therefore, as one of 10 recipients of the John A Hartford Foundation/AACN Enhancing Gerontological and Geriatric Nursing Education for Advanced Practice Nursing Programs, UNCG chose to enhance gerontological/ geriatric content throughout the graduate nursing program and to increase the number of master's-prepared nurses with basic competence in gerontological nursing. There are 5

graduate nursing concentrations: adult/gerontological nurse practitioner, adult clinical nurse specialist, nursing education, nursing anesthesia, and nursing administration available at UNCG. Students also can obtain a combined MSN/ MBA degree in health management. When the project began, a large cadre of nursing faculty already had interest in gerontological nursing; 35% had educational experience, clinical expertise, national certification and/or research experience in the field of gerontological/geriatric nursing. Thus, aging issues were already addressed to some extent in the graduate concentrations.

STRATEGIES FOR GERONTOLOGICAL NURSING CURRICULAR INTEGRATION

Critical to success in infusing new curricular content into graduate nursing education, the Project Director sought administrative support for curricular change and recommendations for innovations from faculty members with expertise in gerontological nursing and/or an interest in enhancing the curriculum to include gerontology content. Throughout the project, workshops were held for the graduate faculty to discuss ways to enhance the curriculum.

This article describes the integration of gerontological nursing content within 3 core graduate nursing courses: Theoretical Foundations in Advanced Nursing Practice, Critique and Utilization of Research in Nursing, and Law, Policy, and Economics of Healthcare. The content in these courses is based upon the recommendations for the master's in nursing curriculum presented in *The Essential's of Master's Education for Advanced Practice Nursing*.¹⁰ Using the American Association of Colleges of Nursing (AACN) and the John A. Hartford Foundation Geriatrics Nursing Initiatives Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care¹ as a guide to integrate gerontological nursing content across the graduate curriculum, graduate nursing faculty at UNCG School of Nursing matched select competencies to the core curriculum content and developed innovative curriculum strategies to infuse gerontological nursing across the graduate core curriculum¹ (Table 1).

Theoretical Foundations in Advanced Nursing Practice

The theory course is organized into 4 units: (1) philosophy and science, (2) nursing theory, (3) theory evaluation, and (4) theory application. Gerontological content has been incorporated in each section and has enhanced students' understanding of theory.

The first part of the course, philosophy and science, focuses on the development of knowledge and nursing as a discipline. A picture of a well elderly couple is shown to assist students in understanding the use of theory in examining phenomena. The students are asked to share what they see in the picture. Responses have included comments such as happy, an older married couple, a church picture, and a middle-class couple. The instructor then shares the medical history of each person in the picture. By recognizing that we view a phenomenon (in this case, an older couple) through multiple lenses (physiological, behavioral, and socioeconomic), the students are able to understand how they can examine the same phenomenon using various theories. The development of nursing as a discipline also is discussed in this section of the course. While we use Carper's classic article on Ways of Knowing,¹¹ we also use the article by Parke,¹² Gerontological Nurses' Ways of Knowing. This reading assists students not only in recognizing and valuing multiple ways of knowing, but also in discussing the application of various ways of knowing to geriatric patients.

The second part of the course focuses on nursing theory, both grand- and middle-range. Three middle-range theories are discussed in relation to the geriatric population. The middle-range theory of chronic sorrow¹³ addresses loss and triggers to grief. When discussed in relation to the geriatric population, this theory provides insight into behaviors and symptoms, such as depression, and encourages in-depth assessment to determine triggers of these behaviors and symptoms. The middle-range theory of caregiver stress¹⁴ and the theory of unpleasant symptoms¹⁵ also are discussed. The theory of unpleasant symptoms provides a physiological, psychological, and sociological framework for examining unpleasant symptoms and their consequences in geriatric populations. For example, we discuss fatigue after myocardial infarction and the consequence of decreased physical activity among older women.¹⁶

The third and fourth units of this course focus on theory evaluation and the application of theory. Cultural relevance, population appropriateness, and usefulness to geriatric practice are utilized in evaluating theory for nursing practice. Applying theory to practice and research is the last portion of the course. We discuss the importance of evidence-based practice and examine what constitutes evidence. For example, we discuss the use of instruments to measure theoretical concepts; and if the instruments have not been validated in geriatric populations, we discuss whether they can be used for evidence in this population. Finally, the students evaluate a theory-testing article. A variety of articles are provided for them to choose for this project, including studies focusing on geriatric populations or on topics important to geriatric nursing such as caregiving and chronic heart failure.

Evidence of the success of the infusion of geriatric content was noted. All students evaluated a theory for use with geriatric populations. Further, half of the students selected specific theory-testing articles that either focused on geriatrics or included this population in the study. Overall, infusion of the geriatric content enhanced this core course while simultaneously meeting the course objectives.

Critique and Utilization of Research in Nursing

The course on Critique and Utilization of Research in Nursing is designed to develop the knowledge and skills basic to critical interpretation and utilization of research findings in nursing. The course objectives incorporate The Essentials for Master's Education for Advanced Practice Nursing¹⁰ framework for nursing research, including utilizing new knowledge to provide high quality health care, initiate change and improve nursing practice; accessing current and relevant data; and utilizing new knowledge to analyze the outcomes of nursing interventions. To infuse gerontology into the graduate nursing research utilization course, a number of the AACN (2004) competencies for care of older adults have been linked to required content in the course. Specific strategies also are used to enhance the

Table 1. Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care Addressed in Master's Level Core Nursing Courses*

Competency	Theoretical Foundations	Critique and Utilization of Research	Law, Policy, and Economics of Healthcare
11. Identify signs and symptoms indicative of change in mental status (eg, agitation, anxiety, depression, substance use, delirium, and dementia).	X		
14. Prevent or work to reduce common risk and environmental factors that contribute to: decline in physical function, impaired quality of life, social isolation, and excess disability in older adults.		X	X
16. Refer and/or manage common signs, symptoms and syndromes (with consideration of setting, environment, population, co-morbidities, and multiple contributing factors).			X
18. Use an ethical framework to address individual and family concerns about care-giving, management of pain, and end-of-life issues.		X	X
19. Strive for restraint-free care, minimizing the use of physical and chemical restraints, and develop the most independent and protective setting possible.		X	X
21. Recognize the heightened need for coordination of care with other health care providers and community resources with special attention to the frail older adult and those with markedly advanced age.		X	X
22. Develop caring relationships with patients, families, and other caregivers to address sensitive issues, such as driving, independent living, potential for abuse, end-of-life issues, advanced directives, and finances.		X	X
23. Review treatment options and facilitate decision-making with the patient, family, and other caregivers or the patient's health care proxy.		X	X
25. Utilize adult learning principles in patient, family, and caregiver education such as timing of teaching, longer time to learn and respond, and need for individualized instruction, integration of information, and use of multiple strategies of communication.		X	
27. Educate older adults, family, and caregivers about the need for preventive health care and end-of-life choices.	X	X	X
28. Disseminate knowledge of skills required to care for older adults to other health care workers and caregivers through peer education, staff development, and preceptor experiences.		X	X
29. Advocate within the health care system and policy arenas for the health needs of older adults, especially the frail and markedly advanced older adult.		X	X
31. Create and enhance positive, health-promoting environments that maintain a climate of dignity and privacy for older adults.	X	X	X

Table 1. Continued

Competency	Theoretical Foundations	Critique and Utilization of Research	Law, Policy, and Economics of Healthcare
32. Understand payment and reimbursement systems and financial resources across the continuum of care.			X
36. Participate in the design and implementation of evidence-based protocols and processes of care to reduce adverse events common to older adults, such as infections, falls, and polypharmacy.	X	X	
37. Address the impact of ageism, sexism, and cultural biases on health care policies and systems.	X	X	X
38. Use public and private databases to incorporate evidence-based practices into the care of older adults.		X	
39. Apply evidence-based practice using quality improvement methodologies in providing quality care to older adults.	X	X	
40. Use available technology to enhance safety and monitor the health status and outcomes of older adults.		X	X
43. Recognize the potential for cultural and ethnic differences between patients and multiple caregivers to impact outcomes of care.		X	
45. Adapt age-specific assessment methods or tools to a culturally diverse population.	X	X	
47. Incorporate culturally and spiritually appropriate resources into the planning and delivery of healthcare.		X	X
*Numbers listed in tables correspond to designated number assigned in the <i>Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care (2004)</i> . Washington, D.C. American Association of Colleges of Nursing.			

gerontology content in the research course. For example, evidence-based protocols developed by The University of Iowa Gerontological Nursing Interventions Research Center (Research Translation and Dissemination Core) are used for class exercises and as examples of research utilization in practice. Case studies are presented on issues specific to informed consent with older adults, including those with dementia and those who reside in long-term care facilities. When discussing recruitment of research subjects, issues specific to older adults are addressed, including issues with transportation, possible mistrust, and coercion. Additionally, class content includes the importance of establishing evidence-based practices for improving the health of older adults.

Gerontology content also has been enhanced in course assignments. In the past, students were allowed to choose a research article to critique, but now the instructor chooses 3 articles, one specific to older adults and another with older adults in the sample, from which the students can choose. Interestingly, in a recent year 50% of the class chose an article on reminiscence therapy for older women with depression.¹⁷ The course also includes a group research utilization project

which requires students to choose a policy or procedure they use in their practice and then conduct a review of the literature to determine whether research “evidence” supports the practice or dictates a change in policy or further research. Students now address how the policy or procedure may be different for adults and whether research exists on the older adult population. Student projects have included the use of music therapy to decrease agitation in older adults, enhancing dining experiences in long-term care, and non-pharmacologic pain relief for older adults. Student learning has been greatly enhanced by the discovery that while research may exist on a nursing practice or procedures, often older adults have not been included in the study samples. Outcomes to assure student mastery of gerontologic principles are met by having specific questions on the midterm and final exams. Additionally, the percentages of students choosing gerontologic topics for the research critique and utilization project are tracked over semesters.

Law, Policy, and Economics of Healthcare

Law, Policy, and Economics of Healthcare is a third core course taught at the master’s level. Several competencies for older adult care are addressed in the content and in the teaching strategies used in the course.

In class, students learn to access health policy and legal case information through online search engines such as Lexis Nexis and Thomas, developed for government documents. Students are now asked to find health policies and legal cases related to older adults. In the next class, students learn about non-intentional (negligence) and intentional (malpractice) tort law. Case studies are used that demonstrate negligent care of older adults and intentional torts such as assault and battery, false imprisonment, and conversion of property. Regulatory aspects of care of elders are then explored, particularly at the state level. Regulations and educational requirements for the care of older adults set forth by the Board of Nursing and the Division of Facility Services or comparable bodies are examined. Environments for older adults are evaluated using OSHA standards.

After exploring case law and regulations affecting older adults, the rights of elderly patients are addressed. Ethical theories and models related to healthcare decision-making are applied to older adult healthcare situations. The right to decide end-of-life treatment is a major issue discussed.

Policy development and federal and state statutes are addressed in another unit of the course. Students are asked to trace the development of a policy that has an impact on the health of older adults. Additionally, the historical foundations and current status of Social Security, Medicare and Medicaid legislation are analyzed for their impact on the health of older adults. Finally, labor relations, health economics and healthcare delivery systems are evaluated for their impact on the quality of healthcare for older adults. The implementation of a unified system of care is contrasted with private care, and the merits of socialized and private care systems are debated. Comparative analyses of international systems of healthcare are conducted; and the impacts of resources on the cultural appropriateness of care and quality of life of older adults and their families are examined.

Throughout this course, many of the Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care¹ are addressed. Strategies used to achieve these

competencies include reading assignments, test questions, case studies, Web resources, case law, and writing assignments. Using these strategies, students examine topics related to the care of older adults such as use of restraints, elder abuse, negligence, changes in Medicare and Medicaid, prevention of falls, medication errors, and end-of-life decision making.

IMPLICATIONS FOR NURSING EDUCATION

Overall, 22 of the 47 nurse practitioner (NP) and clinical nurse specialist (CNS) competencies are addressed in these 3 core courses, and multiple means of evaluating the impact of the gerontological curricular enhancement are presented as exemplars for faculty consideration. The gerontological content in the courses provides a foundation for the remaining practice competencies, which are addressed in the support and specialty nurse practitioner, clinical nurse specialist, nursing education, nursing administration, nurse anesthesia and MSN/MBA courses. Advanced practice nursing students in non-gerontological nursing concentrations are introduced to gerontological nursing content early in their program. They can then pursue avenues to enhance their own clinical knowledge and expertise working with older adults by selecting clinical placements that have predominately older adult populations. Nursing faculty also can arrange for students to work with preceptors certified in gerontological nursing. Strategies included requiring reading materials reflecting gerontological nursing content, designating a percentage of test questions with examples of geriatric patients and utilizing case studies focused on older adults. Faculty also encouraged students with an interest in gerontological nursing to focus written assignments on age-related topics.⁹

To evaluate the outcomes related to infusion of gerontological content in the core curriculum, questions focusing on gerontology have been added to such measures as end-of-program surveys, alumni surveys, curricular evaluation instruments, and employer focus group instruments. The concept of person as identified in the conceptual framework for the curriculum includes developmental levels including the aged. Given the shortage of nursing faculty prepared in gerontological nursing, schools of nursing seeking to integrate gerontological nursing content in graduate programs need to seek creative ways to enhance gerontological content.^{3,18-20} Faculty can refer to gerontological Web sites in their courses as resources for students (Table 2). Partnering students with community resources that serve older adults is an additional means of linking students with gerontological resources.⁹

By matching the Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care¹⁰ with required curricular content delineated by The Essentials for Master's Education for Advanced Practice Nursing,⁹ nursing faculty can begin to ensure that graduates of advanced nursing practice programs have

Table 2. Gerontological Web-Based Resources

Theoretical Foundations in Advanced Nursing Practice

- Theories of Aging: <http://www.prolongyouth.com/theories.html>
- APA Online, Theory and Aging: <http://search3.apa.org/results.cfm>

Critique and Utilization of Research in Nursing

- Evidence base protocols available from The Gerontological Nursing Interventions Research Center Translation & Dissemination Core: <http://coninfo.nursing.uiowa.edu/centers/gnirc/protocols.htm>
- Examples of Gerontological Nursing AHRQ EBP Guidelines: <http://www.guidelines.gov>
- Assessing cognitive function: http://www.guideline.gov/summary/summary.aspx?doc_id=3508&nbr=2734&string=asssing+AND+cognitive+AND+function
- Preventing falls in acute care: http://www.guideline.gov/summary/summary.aspx?doc_id=3510&nbr=2736&string=preventing+AND+falls+AND+care
- AARP Research Center: <http://www.aarp.org/research>
- DHHS Administration on Aging: http://www.aoa.dhhs.gov/prof/agingnet/rssr/rssr_pf.asp
- Resource Centers for Minority Aging Research: <http://www.rcmar.ucla.edu>

Law, Policy and Economics of Health Care

- Resource Centers for Minority Aging Research: <http://www.rcmar.ucla.edu>
- Centers for Medicare and Medicaid Services: <http://www.cms.hhs.gov>
- Thomas, the search engine for public documents, is: <http://thomas.loc.gov/bss/d105query.html>
- Lexis Nexis is a legal search engine that requires payment or access to a library that subscribes to the service: <http://www.lexisnexis.com>

adequate preparation to care for the nation's rapidly growing older adult population.

Our John A. Hartford/AACN-funded project has allowed us to enhance gerontology in the curriculum for all of our advanced practice graduates. Their acquired competency in the care of older adults will enable them to deliver relevant and safe care in the workplace. Older adults will benefit by receiving a higher and safer standard of care delivery.

The authors wish to acknowledge the editorial assistance given by Elizabeth Tornquist.

REFERENCES

1. Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care 2004. Washington, DC: American Association of Colleges of Nursing.
2. Bednash G, Fagin C, Mezey M. Geriatric content in nursing programs: A wake-up call. *Nurs Outlook* 2003;51:149-50.
3. Hollinger-Smith L. How to care for an aging nation: Start with educating the educators. *Gerontol Nurs* 2003;29:23-8.
4. New initiative on geriatric education issues formal report outlining goals and strategies. *Fla Nurse* 2002;50:10.
5. Mezey M, Fulmer T. Shaping the quality of health care for the elderly: Are nursing students prepared? *Nurs Health Care Perspect* 1999;20:118-20.
6. Rosenfeld P, Bottrell M, Fulmer T, Mezey M. Gerontological nursing content in baccalaureate nursing programs: Findings from a national survey. *J Prof Nurs* 1999;15:84-94.
7. Newbern VB, Kennedy-Malone LM. In support of a gerontological nursing program: A resource exchange model. *J Prof Nurs* 1994;10:186-90.

8. Newbern VB, Barba B, Courts N, Kennedy-Malone LM. Required clinical courses in gerontology: The key to providing competent nurse caregivers for the elderly. *Nurs Outlook* 1994;42:170-6.
9. Kennedy-Malone L, Penrod J, Kohlenberg EM, Letvak SA, Crane PB, Tesh A, et al. Integrating gerontology competencies into graduate nursing programs. *J Prof Nurs* 2006;22:123-8.
10. American Association of Colleges of Nursing (AACN). The essentials of master's education for advanced practice nursing. Washington, DC: AACN; 1996.
11. Carper BA. Fundamental patterns of knowing in nursing. *Adv Nurs Sci* 1978;1:13-24.
12. Parke B. Gerontological nurses' ways of knowing. *J Gerontol Nurs* 1998;24:20-3.
13. Eakes G, Burke ML, Hainsworth MA. Middle-range theory of chronic sorrow. *J Nurs Scholarsh* 1998;30:179-85.
14. Tsai P. A middle-range theory of caregiver stress. *Nurs Sci Q* 2003;15:137-45.
15. Lenz ER, Pugh LC, Milligan RA, Gift A, Suppe F. The middle-range theory of unpleasant symptoms: An update. *Adv Nurs Sci* 1997;19:14-27.
16. Crane PB. Fatigue and physical activity in older women after myocardial infarction. *Heart Lung* 2005;34:30-8.
17. Jones E. Reminiscence therapy for older women with depression. Effects of nursing intervention classification in assisted living long-term care. *JOGN* 2003;29:27-33.
18. Kirkpatrick ME, Brown S. Narrative pedagogy: Teaching geriatric content with stories and the "Make a Difference" project. *Nurs Educ Perspect* 2004;25:183-7.
19. Quinn M, Berding C, Daniels E, Gerlach MJ, Harris K, Nugent K, et al. Shifting paradigms: Teaching gerontological nursing from a new perspective. *J Gerontol Nurs* 2004; 30:21-7.
20. Thornlow DK, Auerhahn, Stanley J. A necessity not a luxury: Preparing advanced practice nurses to care for older adults. *J Prof Nurs* 2006;22:116-7.